Newborn Exam

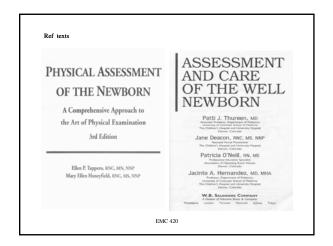
Your only required reading for this lecture is this presentation
Other references:
Physical Assessment of the Newborn
Tappero, E; Honeyfield, ME

Tappero, E; Honeyfield,,ME

Assessment and Care of the Well Newborn
Thureen, Deacon, O'Neill, Hernandez

EMC 420: Maternal & Child Emergency Care D. Trigg, MD

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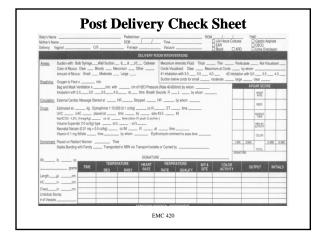
Objectives

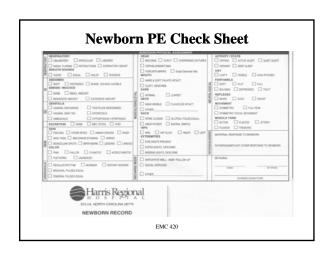
This lecture will enable you to:

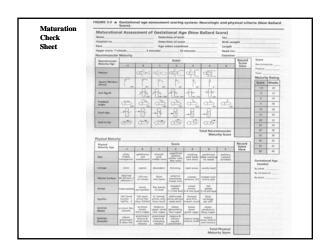
- Identify some of the physical findings routinely assessed on all normal newborns
- Identify abnormalities some minor, some more worrisome - that may be found on the head to toe examination of the newborn
- Gather information that may help initiate an intervention or may simply be reassuring to the newborn's family

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TABLE 1-1 & Observations for Physical Assessment To Assess Observe Final superssion, respiratory effort, activity, tone Color Fongus, mucous membranes (cereally prick or quantities, and bade, hands, feet (peripherally forther activity), tone Tongus, mucous membranes (cereally prick or quantities, and bade, hands, feet (peripherally forther activity), and bade, hands, feet (peripherally forther activities, peripherally forther activities, peripherally, act cartilage, are call and nipple formation, treast nodule, sole crease, descent of testes, r.page, fiscal Respiratory-sheet status, forther, fiscal factor, grantific, audible strider or wheeling, heat the peripheral factor, grantific, peripherally for the status, physic, habee tround, consense, distension (generalized or understand factor), and peripheral factor, grantification of hair fortility for the and follow for the activities vessel, derained peripherally fortility for the activities of the acti







Skin

- Meconium staining
- Rash
- Color
- · Maturation stages
 - Lanugo (20-28 wk)
 - Vernix (35-40 wk)
 - Peeling (≥41 wk)
 - Post term



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Vernix Caseosa

Skin

- Vernix
 - White
 - Cheesy / Vaseline-like
 - 35 40 weeks
 - Decreases as term delivery nears



Milia

Skin

- Rash
 - Milia
- Milia
 - 40 % of term babies
 - Tan facial "whiteheads"
 - Disappear within weeks



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Erythema Toxicum

Skin

- - Erythema Toxicum
 - Acne-form rash
 - May look pustular
 - Resolves in 4-5 days

Not shown here:

- · Meconium staining
- · Simian crease
 - Trisomy 21 [Down's] EMC 420



Hyperpigmentation

- AKA Mongolian spot
- Dark, blue-purple coloration over the lumbosacral area
- More common in dark skinned infants



Jaundice

Hemolytic

- Antibody attack of red cells
 Rh incompatibility
 Non-Antibody red cell disease

 GOD descriptions G6PD deficiency

Non- Hemolytic

- Not within the first 24 hrs
- · Physiologic jaundice
- · Breast-feeding jaundice

Kernicterus

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Physiologic Jaundice

Normal, Non- Hemolytic

- · Physiologic consequence of
 - Excessive red cells at birth
 - Fetal red blood cell life-span
 - Immature liver
 - Possible biologic advantage of bilirubin (as an antioxidant)
- Breast-feeding jaundice
 Also usually benign

 - Dehydration and/or pregnanediol
 - May last 12 weeks

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Molding of Head

Head

- · Molding
- · Caput
- · Cephalohematoma
- Forceps marks

Mouth

- · Hard and soft palate
- Cleft
- Suck



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Mouth

Mouth

- Micrognathia
 - Abnormally small jaw
- Robin syndrome
- · Airway compromise



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Blister

- R/O herpetic lesion
- · Suck Blisters
 - Hand
 - Lip



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Neck

- Ears
 - Normal/ low set
- Neck
 - Nevus flammeus (stork's bite)
 - Clavicles
 - Mobility (torticollis)



Torticollis

Congenital wry neck

- Uterine position
- Birth trauma
- Not always immediately apparent
 - Firm, tight sternocleidomastoid muscle at 2 weeks of age



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Brachial Plexus Injury

EXTR, upper:

- Digits
- · Brachial plexus injury
 - Erb's palsy (C6)
 - One of the more common birth injuries (1:1000)
 - Shoulder Dystocia
 - With traction on the neck

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Hip Dislocation

EXTR, lower:

- Digits
- · Hip dislocation
 - Ortolani test
 - "O" means that the hip is "out" - but pOps back into the acetabulum with abduction



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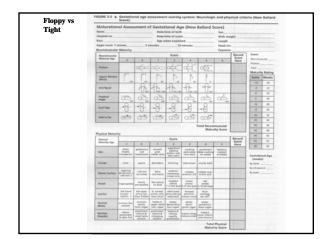
Neonatal Reflexes

- Moro Reflex
 - Pictured here
 - Startle reflex
 - Well est by 37 wk
 - Disappears by 6 mo
- Suck
- Grasp
- · Rooting
- Stepping
- Truncal





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Newborn Maturity Rating

Planter surface of foot

- Creases over entire sole
- Anterior creases
- No creases



Maturation Rating - Flexibility

Neuromuscular maturity

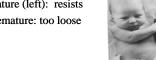
· Popliteal Angle



More Flexible: Less Mature

Scarf sign (upper)

- Mature (left): resists
- · Premature: too loose



Traction response Mature (left): "hangs

· Premature: floppy



Muscle Tone

- The floppy newborn
 - R/O prematurity
 - R/O hypoglycemia
 - R/O hypocalcemia
 - R/O other CNS Dz
- · Testing of tone and reflexes
 - Grasp + Moro



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Muscle Tone / the Jittery Newborn

The jittery newborn

- R/O hypoglycemia
- R/O hypocalcemia
- R/O heroin withdrawal
- R/O seizures

The jittery newborn

- Worsens with agitating stimuli (noise)
- · Improves with handling / passive range of motion

Clinical finding	Seizure	Jitteriness
Abnormal gaze or eye movements	Yes	No
Stimulus sensitive	No	Yes
Ceases with passive flexion	No	Yes
Autonomic changes	Yes	No
Predominant movement	Clonic jerking	Tremor

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Summary

- · Physical findings routinely assessed on all normal newborns.
- · Abnormalities
 - Minor: Milia
 - Potentially unstable : Jaundice
 - Potentially critical: Robin syndrome
 - Some potentially paramedic-preventable:
 - · Brachial plexus injury
- Using "quick maturation estimate" may help anticipate problems and need for intervention(s).